PTO/SB/81A (12-08)

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\$	PATENT - POWER OF ATTORNEY	Patent Number	10/583,422	
OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Issue Date	TBD	
		First Named Inventor	Robert Hess	
		Title	Bone Screw	
		Attorney Docket Number	0218.094.0002	
I hereby revoke all previous powers of attorney given in the above-identified patent.				
OR OR	I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:    Thereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified.			
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Inventor, having ownership of the patent.

ΩR Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Inventor or Patent Owner Signature

Name Brian T Matm Title and Company Globus Medical, Inc.

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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